

Connecticut Department of Public Health

Testimony Presented Before the Public Health Committee

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Commissioner Raul Pino, MD, MPH 860-509-7101

House Bill # 5542: An Act Concerning the Department of Public Health's Recommendations Concerning the Prevention of Smoking and Tobacco Use

The Department of Public Health (DPH) supports House Bill # 5542 and thanks the Committee for raising the Department's bill. The proposed amendments in this bill will make changes to the clean indoor air act related to both tobacco and electronic cigarettes. The amendments include a ban of smoking from any area of a school building, and removing the exemption for correctional facilities and psychiatric facilities. In addition, the proposal incorporates clearer language to allow for research studies to be conducted. Lastly, the proposal removes the preemptive language that does not allow a municipality to pass restrictions that are more stringent than those within the state's clean indoor air act.

The harm caused by exposure to secondhand smoke is extensive and well-documented: the U.S. Surgeon General has determined that there is no safe level of exposure to secondhand smoke, and the Centers for Disease Control and Prevention has provided a number of evidence-based recommendations for state tobacco control programs to implement. Instituting comprehensive smoke free air laws is another step towards creating tobacco free communities by discouraging young people from initiating tobacco use and encouraging adult tobacco users to quit.¹

Extending the current smoking restriction at schools from 'when school is in session' to on school property 'at all times' will help to reduce exposure to secondhand smoke for not just minors but also school faculty and staff. During the 2015 Youth Tobacco Survey, 17.1% of middle and high school students surveyed reported breathing secondhand smoke while they were at school during the past week.² Besides the health hazards from exposure to secondhand smoke, the less often students see someone smoking or vaping, the less likely they are to start. Nearly nine out of ten smokers start smoking by age 18, and 99% start by age 26.³

Adolescent brains are particularly vulnerable to nicotine and nicotine addiction: an earlier age of initiation is associated with greater levels of nicotine dependence and a greater intensity and persistence to continue to use tobacco into adulthood.⁴ Due to nicotine addiction, three out of four adolescent smokers continue to use into adulthood even though they planned on quitting a few years after starting to smoke.³ Decreasing the amount of tobacco use and reducing the visibility of tobacco products on school property will help us to prevent youth initiation.

The current preemptive language within C.G.S. Section 19a-342 prohibits any municipality to adopt further restrictions to the clean indoor air act. This limits the ability of cities and towns to protect their

residents by instituting progressive and sustainable tobacco free policies. We support removing this restriction. State laws that preempt local smokefree air laws have an adverse impact on health and make it more difficult for people to quit. For example, new research has found that states that prohibit local communities from implementing any local smokefree air laws reduce the likelihood that youth will quit smoking by 7% and reduce the likelihood that adults will attempt to quit smoking by 2%. Results from the department's recent statewide surveys show that about 30% of non-smoking Connecticut adults and 38% of middle and high school youth were recently exposed to secondhand smoke in a public place.

Allowing institutional review board-approved research to be conducted will provide the evidence necessary to inform public policy regarding new strategies for tobacco use prevention. Although we routinely encourage reduction and cessation of all tobacco use, we recognize the value of these properly-performed studies in adolescents to further inform public health policy.

The Department of Public Health supports these measures to protect Connecticut residents from exposure to secondhand smoke and appreciates the Public Health Committee's consideration. Smokefree policies are effective in reducing exposure to secondhand smoke, reducing the prevalence of tobacco use, increasing the number of tobacco users who quit, reducing the initiation of tobacco use among young people, and reducing tobacco-related morbidity and mortality.⁷

The Department would like to thank the Committee for raising the Department's bill.

- U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. STATE System Preemption Fact Sheet. December 31, 2015; and U.S. Department of Health and Human Services. Let's Make the Next Generation Tobacco-Free: Your Guide to the 50th Anniversary Surgeon General's Report on Smoking and Health. 2014
- 2. Data from the 2015 Connecticut School Health Survey: Youth Tobacco Component. Administered May-June 2015.
- 3. U.S. Department of Health and Human Services. Centers for Disease Control and Prevention, Office on Smoking and Health. *A Report of the Surgeon General: Preventing Tobacco Use Among Youth and Young Adults. 2012.*
- 4. Institute of Medicine, *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*. The National Academies Press, Washington, D.C. 2015.
- 5. ChangeLab Solutions. *How State Preemption of Local Smokefree Air Laws Adversely Impacts Quitting*. Fact Sheet accessed from changelabsolutions.org. 2015
- Data from the 2013 Behavioral Risk Factor Surveillance Survey (adults) and the 2015 Connecticut School Health Survey: Youth Tobacco Component. Administered May-June 2015.
- 7. The Community Preventive Services Task Force. *Reducing Tobacco Use and Secondhand Smoke Exposure: Smoke-Free Policies.* The Guide to Community Preventive Services, accessed via thecommunityguide.org. 2014.